
State: District of Columbia
TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
Product Name: Student Health
Project Name/Number: /2157

Filing at a Glance

Company: Group Hospitalization and Medical Services, Inc.
Product Name: Student Health
State: District of Columbia
TOI: H15I Individual Health - Hospital/Surgical/Medical Expense
Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical Expense
Filing Type: Rate
Date Submitted: 11/18/2016
SERFF Tr Num: CFAP-130814595
SERFF Status: Submitted to State
State Tr Num:
State Status:
Co Tr Num: 2157

Implementation: 08/01/2017
Date Requested:
Author(s): Dwayne Lucado, Anna Guloy, Patrick Getts, Britney Tyler, Scott Cremens, Andrew Fraser, Paul Fruth, Gee Choi

Reviewer(s):
Disposition Date:
Disposition Status:
Implementation Date:

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Filing Company: Group Hospitalization and Medical Services, Inc.

General Information

Project Name: Status of Filing in Domicile:
Project Number: 2157 Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type: Individual
Overall Rate Impact: Filing Status Changed: 11/18/2016
State Status Changed:
Deemer Date: Created By: Andrew Fraser
Submitted By: Andrew Fraser Corresponding Filing Tracking Number:
PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null
Include Exchange Intentions: No

Filing Description:

In accordance with DISB requirements this letter has been submitted as cover for our 2017 Student Health plan rate filing submitted 11/18/2016. Please note the required information below:

- a. Company Name: Group Hospitalization and Medical Services, Inc.
- b. NAIC Company Code: 53007
- c. Unique Company Filing Number: 2157
- d. Date Submitted: 11/18/2016
- e. Proposed Effective Date: 8/1/2017
- f. Type of Product: Student Health Plan
- g. Individual or Group: Individual (Student Health Plans)
- h. Scope and Purpose of Filing: This filing has been submitted to propose new rates for the student health plans included in the actuarial memorandum.
- i. Indication Whether Initial Filing or Change: This is an initial filing.
- j. Indication if no DC Policyholders: There are currently no DC policyholders.
- k. Overall Premium Impact of Filing on DC Policyholders: N/A
- l. Contact Information:
 - a. Name: Andrew Fraser, A.S.A., M.A.A.A.
 - b. Telephone Number: 410-998-7637
 - c. Email: Andrew.Fraser@Carefirst.com
 - d. Fax: 410-505-2192

Company and Contact

Filing Contact Information

Dwayne Lucado, Assistant Actuary	dwayne.lucado@carefirst.com
10455 Mill Run Circle	410-998-7519 [Phone]
Owings Mills, MD 21117	410-998-7704 [FAX]

State: District of Columbia**Filing Company:** Group Hospitalization and Medical Services, Inc.**TOI/Sub-TOI:** H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense**Product Name:** Student Health**Project Name/Number:** /2157**Filing Company Information**

Group Hospitalization and Medical Services, Inc.

840 First Street NE

Washington, DC 20065

(410) 581-3000 ext. [Phone]

CoCode: 53007

Group Code:

Group Name:

FEIN Number: 53-0078070

State of Domicile: District of Columbia

Company Type: Hospital,
Medical & Dental Service or
IndemnityState ID Number:

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State:	District of Columbia	Filing Company:	Group Hospitalization and Medical Services, Inc.
TOI/Sub-TOI:	H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense		
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Project Name/Number:	/2157		

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type: %

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Group Hospitalization and Medical Services, Inc.	New Product	0.000%	0.000%	\$0	0	\$0	%	%

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Rate Review Detail

COMPANY:

Company Name: Group Hospitalization and Medical Services, Inc.
HHS Issuer Id: 53007

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
Student Health Plan			1

Trend Factors:

FORMS:

New Policy Forms: DC/CF/SHP/AIA (8/17), DC/CF/SHP/AIC (8/16), DC/CF/SHP/IEA (8/17), DC/GHMSI/DOL APPEAL (R. 1/16), DC/CF/SHP/DOCS (8/16), DC/CF/SHP/PPO/GOLD 250 (8/17), DC/CF/SHP/PPO/GOLD 500 (8/17), DC/CF/SHP/PPO/PLAT 0 (8/17), DC/CF/SHP/PPO/PLAT 100 (8/17), DC/CF/MEM/BLCRD (1/12), DC/CF/ANCILLARY AMEND (10/12), DC/CF/SHP/FAM PLAN (8/16), DC/GHMSI/HEALTH GUARANTEE 1/15, DC/CF/PT PROTECT (9/10)

Affected Forms:

Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
Member Months: 0
Benefit Change: None
Percent Change Requested: Min: Max: Avg:

PRIOR RATE:

Total Earned Premium:
Total Incurred Claims:
Annual \$: Min: Max: Avg:

REQUESTED RATE:

Projected Earned Premium: 0.00
Projected Incurred Claims: 0.00
Annual \$: Min: 309.60 Max: 359.55 Avg: 334.58

SERFF Tracking #:

CFAP-130814595

State Tracking #:

Company Tracking #:

2157

State: District of Columbia

Filing Company: Group Hospitalization and Medical Services, Inc.

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Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Student Health Rate Manual	DC/CF/SHP/AIA (8/17), DC/CF/SHP/AIC (8/16), DC/CF/SHP/IEA (8/17), DC/GHMSI/DOL APPEAL (R. 1/16), DC/CF/SHP/DOCS (8/16), DC/CF/SHP/PPO/GOLD 250 (8/17), DC/CF/SHP/PPO/GOLD 500 (8/17), DC/CF/SHP/PPO/PLAT 0 (8/17), DC/CF/SHP/PPO/PLAT 100 (8/17), DC/CF/MEM/BLCRD (1/12), DC/CF/ANCILLARY AMEND (10/12), DC/CF/SHP/FAM PLAN (8/16), DC/GHMSI/HEALTH GUARANTEE 1/15, DC/CF/PT PROTECT (9/10)	New		Student Health Rate Manual 11 18 16.pdf,

Group Hospitalization & Medical Services, Inc. (GHMSI)
NAIC #53007

CareFirst BlueCross BlueShield Rate Filing Summary
Rates For Student Coverage

Rate Filing # 2157

Effective August 1, 2017

Rate Manual

Ex 2 Claim Cost

	Standard Net Premium		Net Premium	
	Med PMPM	Rx PMPM	Med PMPM	Rx PMPM
Gold 250	\$ 247.74	\$ 79.12	\$ 244.92	\$ 78.39
Gold 500	\$ 234.03	\$ 79.12	\$ 231.21	\$ 78.39
Plat 0	\$ 280.43	\$ 79.12	\$ 277.61	\$ 78.39
Plat 100	\$ 275.39	\$ 79.12	\$ 272.57	\$ 78.39

Religious exclusion for Medical rates is \$2.82 and for Pharmacy rates is \$0.73

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Product Name:	Student Health		
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Supporting Document Schedules

Satisfied - Item:	Actuarial Justification
Comments:	Certification is included in the Actuarial Memorandum.
Attachment(s):	Memorandum for Student Health GHMSI-DC.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	Please see attached.
Attachment(s):	Memorandum for Student Health GHMSI-DC.pdf GHMSI DC Student Health Exhibits 11 17 16.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	Not Required for Student Health Plans.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	Insurance company is filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	Required documentation will not yet be available.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Cover Letter All Filings
Comments:	Please see attached Cover Letter.
Attachment(s):	2017 Student Health_Cover Letter_DC_GH Letterhead.pdf
Item Status:	

State:	District of Columbia	Filing Company:	Group Hospitalization and Medical Services, Inc.
TOI/Sub-TOI:	H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense		
Product Name:	Student Health		
Project Name/Number:	/2157		

Status Date:	
Bypassed - Item:	DISB Actuarial Memorandum Dataset
Bypass Reason:	Student Health Plan is not in the single risk pool.
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	Not Required.
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	Not Required.
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	Not required for Student Health Plan.
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	District of Columbia Plain Language Summary
Bypass Reason:	Not required for Student Health Plan.
Attachment(s):	
Item Status:	
Status Date:	

**Group Hospitalization & Medical Services, Inc. (GHMSI)
NAIC #53007**

**CareFirst BlueCross BlueShield Rate Filing Summary
Rates For Student Coverage**

Rate Filing # 2157

Effective August 1, 2017

Actuarial Memorandum

The rates for the contract forms below are modified in this filing:

DC/CF/SHP/AIA (8/17)
DC/CF/SHP/AIC (8/16)
DC/CF/SHP/IEA (8/17)
DC/GHMSI/DOL APPEAL (R. 1/16)
DC/CF/SHP/DOCS (8/16)
DC/CF/SHP/PPO/GOLD 250 (8/17)
DC/CF/SHP/PPO/GOLD 500 (8/17)
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DC/CF/MEM/BLCRD (1/12)
DC/CF/ANCILLARY AMEND (10/12)
DC/CF/SHP/FAM PLAN (8/16)
DC/GHMSI/HEALTH GUARANTEE 1/15
DC/CF/PT PROTECT (9/10)

CAREFIRST BLUECROSS BLUESHIELD
RATE FILING SUMMARY (Filing # 2157)
Student Health Coverage

Purpose of Filing

This purpose of this filing is to propose both new business and renewal rates and methodologies to be used in quoting student health plans for institutions of higher education for policies effective beginning August 1, 2017.

Assumptions

In accordance with the federal regulations, we intend to rate each institution of higher education as a separate single risk pool. Each pool will be community rated, subject to the credibility formula discussed below, at both initial quote and renewal. There will be no plan design customization allowed on quotes for student coverage. In the event that any institution of higher education being quoted has experience based on a plan design that does not match one of our filed plans, we intend to use our internal benefit pricing model to calculate appropriate relativities to our standard plans.

Use of Past Experience to Project Future Results

Manual Rate Development

The development of the manual rate is shown on exhibit 1. Due to the use of single risk pool for each institution of higher education, the manual rate will be used for schools that are not credible. The base experience used is the aggregate student health plan claims, from all covered contracts in our book of business, for claims incurred between July 2015 and June 2016, with runout through September 2016. The claims were completed and the resulting PMPM forms the starting point for the projection. We then apply trend at 9% to the midpoint of the projection period and add projected capitations to calculate the projected incurred claims PMPM.

CareFirst's current experience covers a disproportionate number of graduate students. As such, an adjustment is needed in order for the manual rate to better reflect a typical student health plan population. Using internally developed age factors the demographic age factor of the existing book of business is .71 vs an expected age factor of .68 for a typical student health plan population. This typical student age adjustment is calibrated to the internally developed age factors, yielding the 1.41 adjustment that is applied to the projected claims PMPM.

We then adjust the normalized projected claim cost of the pool to the four standard benefits proposed in this filing. The base period claims used in this projection all share a common plan design. As such, separate medical and pharmacy benefit factors have been calculated relative to the common plan design in the base experience. The benefit factors are applied to the normalized projected claims PMPM to derive the projected manual claims costs for each of the proposed plans.

There are certain schools with a religious affiliation which may exclude certain forms of birth control as a covered benefit. These groups will have their expected claim costs reduced by the amounts at the bottom of Exhibit 2 to reflect this.

New Business Rating Methodology

It is our intention to rate each institution of higher education as a separate single risk pool. A sample new business quote, showing the proposed methodology, is included on exhibit 6. For each new case the claims experience PMPM is completed and then trended to the midpoint of the projection period using an annualized trend of 9% and projected capitations are added. The projected PMPM is then benefit adjusted to the student plan being quoted. In the event that the base period benefit design does not match one of our four standard plan designs, our internal benefit pricing model will be used to calculate appropriate benefit relativities consistent with our filed-and-approved plan designs.

As part of the projection of claims for both new business and renewals, CareFirst has made a business decision to employ a mechanism to lessen the impact of large claims on projected rate increases in order to achieve rate stability as this block of business begins to gain membership. The portion of any claims in excess of the attachment point, dependent on the size of the institution being rated, will be removed from the experience data used for projecting claims and will be replaced by a PMPM charge as illustrated in

the table on exhibit 6. This methodology will be applied to all institutions being quoted or renewed. This will be evaluated over time as we gain membership spanning multiple institutions.

Consistent with the credibility formula show on exhibit 3 we will use 100% of the projected experience for new cases with more than 4800 member months of base experience. New cases with member months between 1200 and 4799 will be rated at 50% credibility, while those with less than 1200 member months will receive 0% credibility and will receive manual net premiums.

Once the projected claims PMPM for the quoted plan has been calculated we add in retention items to calculate the gross premium PMPM. We first add the required fees for PCORI. We then add in the percent of premium retention items including premium tax (2%), broker commissions, ACA health insurer tax, and administrative expenses. Please note that administrative expenses will vary based on the size of the institution of higher education being quoted. Broker commissions may vary between 0% - 5% on a case by case basis as well.

As a final step, the gross premium PMPM is tiered into consumer adjusted rates based on the rating tiers and factors shown below.

<u>Rating Tier</u>	<u>Tier Factor</u>
Individual	1.0
Individual and Child	1.5
Individual and Children	2.0
Individual and Spouse	2.0
Family	3.0

Renewal Rating Methodology

A sample renewal quote, showing the proposed methodology, is included on exhibit 7. Consistent with the new business quoting methodology, we intend to renew each institution of higher education as a separate single risk pool. For each renewal case the claims experience PMPM is completed and then adjusted to the benefit design being quoted for the projection period.

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Recognition of Plan Provisions

Actuarial Value: All plans in this filing meet the applicable Actuarial Value requirements and are categorized in the nearest metal level below in the event the calculated value is not in range. Please reference exhibits 9 - 12 for further details.

New Plans or Benefits

All four plan designs included in this filing are new plans effective August 2017. Please see the chart below for high level plan features:

Platinum 0
Platinum 100
Gold 250
Gold 500

Regulatory Benchmark

The estimated NAIC MLR for the rates proposed in this filing is 87.8%. This demonstrates compliance with the 80% minimum threshold. Please reference exhibit 8 for further details.

Reasonableness of Assumptions

The assumptions used in this filing have been found to be reasonable both individually and in the aggregate.

Reliance on Data or Other Information Supplied by Others

None

Actuarial Certification

**CareFirst BlueCross BlueShield (GHMSI)
(NAIC # 53007)
DC Student Health Rate Filing
Rates Effective 8/1/2017
Actuarial Certification**

I, Dwayne Lucado am a pricing actuary with CareFirst BlueCross BlueShield (GHMSI). I am a member of the American Academy of Actuaries. I have been involved in the development of these rates. To the best of my knowledge and understanding, the rates in this filing have been developed in accordance with the available regulations and guidance for the student health market in Maryland for business effective post 8/1/2017, subject to the qualification below. I certify the following:

1. I am a member in good standing with the American Academy of Actuaries.
2. Except as set forth below as a qualification to this opinion, these rates comply with applicable statutes based on my best understanding of the available guidance and sound actuarial practice, and are in accordance with applicable actuarial standards including ASOP 8.
3. The projected rates are reasonable in relation to the projected benefits and the projected population and are neither excessive nor deficient.
4. The Actuarial Values have been calculated using the HHS calculator.

I further certify that the information in this filing represents the company's best understanding of the available guidance and regulations with regards to the rating of these products. This filing may be revised as appropriate based on any newly release guidance.

Qualifications: As part of this filing, the Company has included a pooling mechanism to enhance rate stability as this block begins to gain membership. While CareFirst believes this pooling mechanism is important to the market and our customers, the pooling mechanism is not prescribed by the ACA, and is not expected to be revenue neutral until such time as the pool gains sufficient membership to allow for the calculation of Student Plan specific pooling factors.

**Dwayne
Lucado**

Digitally signed by Dwayne
Lucado
Date: 2016.11.18 12:52:10
-05'00'

Dwayne Lucado, FSA, MAAA
Actuary, Group Pricing
CareFirst BlueCross BlueShield
Mail Drop-Point 01-780
10455 Mill Run
Circle
Owings Mills, MD 21117

**Group Hospitalization & Medical Services, Inc. (GHMSI)
NAIC #53007**

**CareFirst BlueCross BlueShield Rate Filing Summary
Rates For Student Coverage**

Rate Filing # 2157

Effective August 1, 2017

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Reliance on Data or Other Information Supplied by Others

None

Actuarial Certification

**CareFirst BlueCross BlueShield (GHMSI)
(NAIC # 53007)
DC Student Health Rate Filing
Rates Effective 8/1/2017
Actuarial Certification**

I, Dwayne Lucado am a pricing actuary with CareFirst BlueCross BlueShield (GHMSI). I am a member of the American Academy of Actuaries. I have been involved in the development of these rates. To the best of my knowledge and understanding, the rates in this filing have been developed in accordance with the available regulations and guidance for the student health market in Maryland for business effective post 8/1/2017, subject to the qualification below. I certify the following:

1. I am a member in good standing with the American Academy of Actuaries.
2. Except as set forth below as a qualification to this opinion, these rates comply with applicable statutes based on my best understanding of the available guidance and sound actuarial practice, and are in accordance with applicable actuarial standards including ASOP 8.
3. The projected rates are reasonable in relation to the projected benefits and the projected population and are neither excessive nor deficient.
4. The Actuarial Values have been calculated using the HHS calculator.

I further certify that the information in this filing represents the company's best understanding of the available guidance and regulations with regards to the rating of these products. This filing may be revised as appropriate based on any newly release guidance.

Qualifications: As part of this filing, the Company has included a pooling mechanism to enhance rate stability as this block begins to gain membership. While CareFirst believes this pooling mechanism is important to the market and our customers, the pooling mechanism is not prescribed by the ACA, and is not expected to be revenue neutral until such time as the pool gains sufficient membership to allow for the calculation of Student Plan specific pooling factors.

**Dwayne
Lucado**

Digitally signed by Dwayne
Lucado
Date: 2016.11.18 12:52:10
-05'00'

Dwayne Lucado, FSA, MAAA
Actuary, Group Pricing
CareFirst BlueCross BlueShield
Mail Drop-Point 01-780
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Owings Mills, MD 21117

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Ex 1 Claim Cost Development

Experience for Student Health

**Incurred Claims for the Period 7/1/2015
through 6/30/2016**

Member Months

Claims PMPM

**Composite Trend Factor (Annual Trend: 9% for 25
months)**

**Midpoint of experience(1/1/2016) to Projection
Period Midpoint(2/1/2018)**

Expected FFS claims for 8/1/2017 effective date

Capitations

Total Claim Cost PMPM

Based on Sold Group Experience

Average Age Calibration

**Total Assumed Claim Cost for Base Period Benefit
assuming Undergraduate Population**

Adjustment to Gold Plan 250

Gold 250 PMPM Claim Cost

Adjustment to Gold Plan 500

Gold 500 PMPM Claim Cost

Adjustment to New Platinum Plan 0

Platinum 0 PMPM Claim Cost

Adjustment to New Platinum Plan 100

Platinum 100 PMPM Claim Cost

Medical	Pharmacy	Total
\$2,819,286	\$912,567	
17,721	17,721	
\$159.09	\$51.50	\$210.59
1.197	1.197	
\$190.38	\$61.62	\$252.00
\$3.40	\$0.00	\$3.40
\$193.78	\$61.62	\$255.40
1.41	1.41	1.41
\$273.32	\$86.92	\$360.24
0.91	0.91	
\$247.74	\$79.12	\$326.86
0.86	0.91	
\$234.03	\$79.12	\$313.14
1.03	0.91	
\$280.43	\$79.12	\$359.55
1.01	0.91	
\$275.39	\$79.12	\$354.51

**Student Health Pool
(2015-2016)**

Gold 250

Gold 500

Plat 0

Plat 100

Ex 2 Claim Cost

	Standard Net Premium		Net Premium	
	Med PMPM	Rx PMPM	Med PMPM	Rx PMPM
Gold 250	\$ 247.74	\$ 79.12	\$ 244.92	\$ 78.39
Gold 500	\$ 234.03	\$ 79.12	\$ 231.21	\$ 78.39
Plat 0	\$ 280.43	\$ 79.12	\$ 277.61	\$ 78.39
Plat 100	\$ 275.39	\$ 79.12	\$ 272.57	\$ 78.39

Religious exclusion for Medical rates is \$2.82 and for Pharmacy rates is \$0.73

Ex 3 Credibility & Pooling Pts

CAREFIRST BLUECROSS BLUESHIELD STUDENT HEALTH

Credibility / Pooling Factors by School Size

Member Months	Proposed Credibility	Proposed Pooling Level	Proposed Pooling Charge	Annual Trend
<1200	0%	\$ -	\$ -	
1200-4799	50%	\$ 200,000	\$ 14.38	23.1%
4800-11999	100%	\$ 200,000	\$ 14.38	23.1%
12000-17999	100%	\$ 250,000	\$ 10.68	26.5%
18000-23999	100%	\$ 300,000	\$ 8.32	29.9%
24000-47999	100%	\$ 350,000	\$ 6.65	29.9%
48000	100%	\$ 500,000	\$ 1.66	29.9%

Changes to Credibility and Pooling:

- Credibility will be based on Member months
- Pooling will be based on number of Member months
- Pooling charges will be trended each month

Ex 4 Admin Charges

CAREFIRST BLUECROSS BLUESHIELD

ADMINISTRATIVE CHARGE FOR CAREFIRST GENERAL EXPENSES Effective 8/1/2017 For NEW Business Quotes

Contracts	All <u>Medical+Rx</u>	ACA Fees	PCORI <u>PMPM *</u>
<50	16.7%	2.6%	\$ 0.20
50-99	13.2%	2.6%	\$ 0.20
100-149	12.5%	2.6%	\$ 0.20
150-199	11.8%	2.6%	\$ 0.20
200-249	11.6%	2.6%	\$ 0.20
250-299	11.3%	2.6%	\$ 0.20
300-349	11.2%	2.6%	\$ 0.20
350-399	11.1%	2.6%	\$ 0.20
400-449	11.0%	2.6%	\$ 0.20
450-499	10.9%	2.6%	\$ 0.20
500-549	10.8%	2.6%	\$ 0.20
550-599	10.7%	2.6%	\$ 0.20
600-649	10.7%	2.6%	\$ 0.20
650-699	10.6%	2.6%	\$ 0.20
700-749	10.6%	2.6%	\$ 0.20
750-799	10.5%	2.6%	\$ 0.20
800-849	10.5%	2.6%	\$ 0.20
850-899	10.5%	2.6%	\$ 0.20
900-949	10.4%	2.6%	\$ 0.20
950-999	10.4%	2.6%	\$ 0.20
1000+	9.4%	2.6%	\$ 0.20

* Depending on institution of higher education effective month health insurer tax for 2017 will be reduced based on schedule below.

• Adjustments will be made to school that renew or are sold subject to this rate filings (Effective 8/1/2017).

Renewal Month	% Reduction
2017 Aug	1.1%
Sep	0.9%
Oct	0.7%
Nov	0.4%
Dec	0.2%
2018 Jan	0.0%

Adjustments apply at effective month of contract and continue for 12 months.

* Confidential and Proprietary Sensitive Financial Information

Ex 5 Age Factors

Demographic Claim Cost Factors

Age Range	CF	
	Male	Female
0-24	0.52	0.72
25 - 29	0.55	0.74
30 - 34	0.61	0.85
35 - 39	0.70	0.98
40 - 44	0.82	1.12
45 - 49	0.99	1.26
50 - 54	1.30	1.43
55 - 59	1.75	1.65
60+	2.35	2.00

Illustrative New Business Quote (Platinum 100)

For Rates Effective: August 1, 2017

Base Period Members	8,782
Annualized Current Mem	8,116
Current Members	676
Current Contracts	357

Experience Rating		Amount	PMPM
(1) Completed Claims for the Period 4/1/2015 through 3/31/2016		Paid	
	a. Medical	\$2,694,361.61	\$306.81
	b. Drug	\$959,264.70	\$109.23
	Total	\$3,653,626.31	\$416.04
(2) Completed Claims Adjusted for Benefit Changes		\$3,653,626.31	\$416.04
(3) Less: Claims over \$200,000 Pooling Level		\$158,724.90	\$18.07
(4) Completed Claims Less Claims over Pooling Level		(2) - (3)	\$397.96
(5) Reimbursement / Legislative Adjustment		\$0.00	\$0.00
(6) Adjusted Claims		\$3,494,901.41	\$397.96
(7) Composite Trend Factor (Annual Trend: 9% for 21 months)			1.223
	Medical/Rx 9%		
(8) Experience Based Claims		(6) x (7)	\$486.60
(9) Enrollment Adjustment		0.924	
(10) Annualized Projected Claims Based on Current Enrollment		\$3,949,031.74	\$486.60
(11) Pooling Charge and Capitation		\$144,295.37	\$17.78
(12) Adjustment to Normalized Benefit		0.996	
(13) PMPM for Normalized Benefits		\$4,077,542.53	\$502.43
Manual Rating			
(14) Renewal Demographic Care Cost PMPM			
	a. Demographic Base Rate PMPM	\$359.55	
	b. Age/Sex Adjustment	0.68	
	c. SIC Adjustment	1.00	
	d. Geographic Adjustment	1.00	
(15) Composite Trend Factor (Annual Trend: 9% for months)			1.0
	Medical/Rx 9%		
(16) Demographic Claims		(14)c x (15)	\$245.60
Proposed Rate Action			
(17) Calculated Experience/Demographic Blend			
		Weighting	
	a. Experience Rated Claims	(13)	100.00%
	b. Demographic Claims	(16)	0.00%
	c. Developed Blend	(17a + 17b)	\$502.43
(18) ACA PMPM Fees			
	a. Reinsurance	\$0	\$0.00
	b. Outcome	\$1,637	\$0.20
(19) Retention			
	a. Administration		11.10%
	b. Premium Tax		2.00%
	c. Broker Commission		1.60%
	d. Affordable Care Act Assessment		1.5%
	e. Total Retention		16.23%
(20) Projected PMPM for Normalized Benefits		(17c + 18a + 18b) / (1 - 19e)	\$600.03
(21) Projected CareFirst Premium for Normalized Benefits			\$4,869,571.50
(22) Benefit Adjustment to CareFirst Closest Benefits			1.000
(23) CareFirst Premium at Current Benefits		(21) x (22)	\$4,869,571.50
	a. CareFirst Load /(Concession)		0.00%
	b. Revised CareFirst Premium	(1 - (23a)) x (23)	\$4,869,571.50
(24) CareFirst Premium For Proposed Benefits			\$4,923,915.55
(25) XYZ Current Premium			\$4,557,144.00
(26) XYZ Renewal Premium			\$0.00
(27) XYZ Rate Action			-100.00%
(28) CareFirst Rate Action at Current Benefits			6.86%
(29) CareFirst Proposed Rate Action			8.05%



XYZ

Account Number 12345

For Rates Effective: August 1, 2017

Member Months	17,956
Current Members	1,455
Current Contracts	1,399

Experience Rating		Amount	PMPM
(1) Incurred Claims for the Period 2/1/2015 through 1/31/2016		Paid	
	a. Medical	\$3,184,162	\$177.33
	b. Drug	\$1,056,869	\$58.86
	Total	\$4,241,031	\$236.19
(2) Less: Claims Over \$250,000 Pooling Level		\$215,000	\$11.97
(3) Net Incurred Claims	(1 - 2)	\$4,026,031	\$224.22
(4) Experience Period Benefit and Plan Shift Adjustment			-\$2.11
(5) Reimbursement / Legislative Adjustment			\$0.00
(6) Adjusted Experience Rated Claims	(3 + 4 + 5)		\$222.10
(7) Composite Trend Factor (Annual Trend: 9% for 23 months)			1.24
(8) Projected Claims Based on Current Enrollment			\$275.50
(9) Vendor Fees & Capitations			\$3.40
(10) Pooling Charge			\$10.68
(11) Projected Care Cost Based on Current Enrollment	(8 + 9 + 10)		\$289.58
Manual Rating			
(12) Renewal Demographic Care Cost PMPM			
	a. Demographic Base Rate PMPM	\$313.14	
	b. Age/Sex Adjustment	0.683	
	c. Renewal Demographic Claims PMPM	(a x b)	\$213.90
Renewal Action			
(13) Calculated Blended Renewal Care Cost PMPM (Experience/Demographic Blend)			
	a. Renewal Experience Rated Claims PMPM	(11)	Weighting 100.00% \$289.58
	b. Renewal Demographic Claims PMPM	(12c)	0.00% \$0.00
(14) Total Renewal Care Cost PMPM	(13a + 13b)		\$289.58
(15) Retention			
	a. Premium Tax		2.0%
	b. Broker Commission		0.0%
	c. Affordable Care Act Assessment *		1.5%
	d. Administration		9.4%
	e. Total Retention		12.9%
(16) Renewal Premium PMPM	(14) / (1 - 15)		\$332.59
(17) Current Premium PMPM			\$297.11
(18) Required Renewal Rate Action at Current Benefits		11.9%	\$374.01
(19) Delivered Renewal Rate Action at Current Benefits		11.9%	\$297.11
Required Monthly Renewal Premium at Current Benefits			\$432,295
Required Annual Renewal Premium at Current Benefits			\$5,187,541

Affordable Care Act (ACA) assessments include a reinsurance cost (per member, per year), a patient centered outcomes fee (per member, per year), a DC exchange fee (percent of premium, DC groups only), and an insurance fee (percent of premium).

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Step Up Factor Calculation

(1)	Current Members	1,455
(2)	Current Contracts	1,399

	Tier Factors	Enrollment
Individual	1	1,368
Individual & 1 Child	1.5	6
Individual & Child(ren)	2	6
Individual & Spouse	2	11
Family	3	8
		1,399
(3)	Average Tier Factor	1.026
(4)	Member/Contract	1.040 (1) / (2)
(5)	Step up Factor	1.014 (3) / (4)

* Calculation methodology applies to both New Business and Renewal.

**Illustrative Renewal**

XXXX

	Gold 500	
In-Network		
Copay	\$25	
I/P	20%	
ER	\$150	
Deductible	500	
Coinsurance	20%	
Out of Pocket	\$5,000	
Out-of-Network		
Deductible	\$1,000	
Coinsurance	40%	
Out of Pocket	\$6,850	
Pharmacy		
Retail Copay	\$10/45/65	
Mail Order Copay	\$20/90/130	
Deductible	\$0	
Enrollment		
Individual	1,368	
Individual & Child	6	
Individual & Children	6	
Individual & Spouse	11	
Family	8	
Total	1,399	
	<u>Current Rate</u>	<u>Renewal Rate</u>
Individual	\$301.25	\$337.22
Individual & Child	\$451.88	\$505.84
Individual & Children	\$602.50	\$674.45
Individual & Spouse	\$602.50	\$674.45
Family	\$903.75	\$1,011.67
Monthly Premium	\$432,295.05	\$483,917.74
Yearly Premium	\$5,187,540.60	\$5,807,012.93
		11.9%

Total Enrollment	1,399
Medical & Rx Current Premium	\$5,187,540.60
Medical & Rx Renewal Premium	\$5,807,012.93
Renewal Action	11.9%

Broker NameABC
xxx-xx-xxxxCommissionsMedical/Drug 0.00%
Dental N/A
Vision 0.00%

[X] These rates will be in effect from August 1, 2017 until July 31, 2018.
[X] Deductibles and maximums will apply on a Contract year basis.
[X] These rates include broker commissions as stated.
[X] The above benefits and rates are subject to guidelines listed on the caveats page.
[X] High Level Benefit Summary. Please refer to your plan summary for a more detailed description.

FTE Count**0**

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DL

1/20/2016

0037717-01-1-0-0-0-00-10

Ex 8 DLR and MLR

CAREFIRST BLUECROSS BLUESHIELD ITEMIZATION OF PREMIUM COMPONENTS STUDENT HEALTH

Desired Loss Ratio (DLR)

	%
(1) Admin Costs	13.2%
(2) ACA Fees*	1.6%
(3) Broker Commissions	5.0%
(4) Broker Persistency Bonus & Over-Rides	0.9%
(5) Contribution to Reserve	3.8%
(6) Invst Income Credit	-0.01%
(7) Premium Taxes	2.0%
(8) Assessment Fees	0.1%
(9) Federal Income Tax	0.5%
(10) State Income Tax	0.0%
(11) Anticipated Incurred Straight LR (1 - (1+2+3+4+5+6+7+8+9+10))	73.0%

* This exhibit is **illustrative** because the rate may be determined based on academic institution specific experience. Admin Fees in this illustration is for a group with sample size 50 - 99 contracts. ACA Fees have been adjusted to reflect suspension of Health Insurer Tax in 2017.

Medical Loss Ratio (MLR)

Development of Anticipated Medical Loss Ratio as Defined by PPACA

1. Medical Loss Ratio Numerator	
1.1 Anticipated Incurred Straight LR (line (11) from DLR)	73.0%
1.2 HB5 Quality Improvement *	1.2%
1.3 MLR Numerator (1.1 + 1.2)	74.3%
2. Medical Loss Ratio Denominator	
2.1 Federal Taxes (line (8) from DLR)	0.5%
2.2 State Taxes (line (9) from DLR)	2.0%
2.3 ACA Fees (line (2) from DLR) **	1.6%
2.4 Total Taxes & Regulatory Fees (2.1 + 2.2 + 2.3)	4.1%
2.5 MLR Denominator (1-(2.4))	95.9%
3. MLR Calculation	
3.1 Preliminary MLR (1.3 / 2.5)	77.4%
3.2 Credibility Adjustment ***	8.3%
3.3 Credibility adjusted MLR (3.1 + 3.2)	85.7%

* Quality improvement expenses are comprised of

1. Removal of costs which we book as Care but are not considered care under MLR guidelines
2. Health care improvement expenses
3. Incentive program quality improvement expenses

** Includes Patient Outcome Tax, Reinsurance, Risk Adjustment User Fees, Exchange Fees, Exchange Assessment Fee, and Health Insurer Fee.

*** Depending on the size of the projected risk pool, a credibility adjustment factor could be added.

Ex 9 AV Calculation Gold 250

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
 Apply Inpatient Copay per Day? ☐
 Apply Skilled Nursing Facility Copay per Day? ☐
 Use Separate OOP Maximum for Medical and Drug Spending? ☐
 Indicate if Plan Meets CSR Standard? ☐
 Desired Metal Tier: Gold

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$250.00	\$0.00			
Coinsurance (%; Insurer's Cost Share)	80.00%	100.00%			
OOP Maximum (\$)	\$5,000.00				
OOP Maximum if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2		
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?		
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preventive Well Baby Visits and Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$150
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of +/- 2 percent de minimis variation.

82.54%

2017 AV Calculator

Ex 10 AV Calculation Gold 500

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
 Apply Inpatient Copay per Day? ☐
 Apply Skilled Nursing Facility Copay per Day? ☐
 Use Separate OOP Maximum for Medical and Drug Spending? ☐
 Indicate if Plan Meets CSR Standard? ☐
 Desired Metal Tier: Gold

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$500.00	\$0.00			
Coinsurance (%; Insurer's Cost Share)	80.00%	100.00%			
OOP Maximum (\$)	\$5,000.00				
OOP Maximum if Separate (\$)					

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2		
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?		
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preventive Well Baby Visits and Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>	\$150
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>	# Copays (1-10):

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 80.62%
 Metal Tier: Gold

2017 AV Calculator

Ex 11 AV Calculation Plat 0

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
 Apply Inpatient Copay per Day? ☐
 Apply Skilled Nursing Facility Copay per Day? ☐
 Use Separate OOP Maximum for Medical and Drug Spending? ☐
 Indicate if Plan Meets CSR Standard? ☐
 Desired Metal Tier: Platinum

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00				
Coinsurance (%; Insurer's Cost Share)	90.00%	100.00%				
OOP Maximum (\$)	\$2,000.00					
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2		
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?		
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Non-Preventive Well Baby Visits and Care	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>							
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00					
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$150
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 89.75%
 Metal Tier: Platinum

2017 AV Calculator

Ex 12 AV Calculation Plat 100

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible? ☐
 Apply Inpatient Copay per Day? ☐
 Apply Skilled Nursing Facility Copay per Day? ☐
 Use Separate OOP Maximum for Medical and Drug Spending? ☐
 Indicate if Plan Meets CSR Standard? ☐
 Desired Metal Tier: Platinum ▼

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$100.00	\$0.00				
Coinsurance (%; Insurer's Cost Share)	90.00%	100.00%				
OOP Maximum (\$)	\$2,000.00					
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Copay applies only after deductible?
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	
Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Non-Preventive Well Baby Visits and Care	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>	\$150
Specialty Rx Coinsurance Maximum:	<input type="checkbox"/>	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	
# Days (1-10):		
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>	
# Visits (1-10):		
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>	
# Copays (1-10):		

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 88.89%
 Metal Tier: Platinum

2017 AV Calculator



November 18, 2016

Mr. Efren Tanhehco
Supervisory Health Actuary
Department of Insurance, Securities and Banking

Re: Group Hospitalization and Medical Services, Inc. Student Health Plan Rate Filing
Cover Letter

Mr. Tanhehco,

In accordance with DISB requirements this letter has been submitted as cover for our 2017 Student Health plan rate filing submitted 11/18/2016. Please note the required information below:

- a. **Company Name:** Group Hospitalization and Medical Services, Inc.
- b. **NAIC Company Code:** 53007
- c. **Unique Company Filing Number:** 2157
- d. **Date Submitted:** 11/18/2016
- e. **Proposed Effective Date:** 8/1/2017
- f. **Type of Product:** Student Health Plan
- g. **Individual or Group:** Individual (Student Health Plans)
- h. **Scope and Purpose of Filing:** This filing has been submitted to propose new rates for the student health plans included in the actuarial memorandum.
- i. **Indication Whether Initial Filing or Change:** This is an initial filing.
- j. **Indication if no DC Policyholders:** There are currently no DC policyholders.
- k. **Overall Premium Impact of Filing on DC Policyholders:** N/A
- l. **Contact Information:**
 - a. Name: Andrew Fraser, A.S.A., M.A.A.A.
 - b. Telephone Number: 410-998-7637
 - c. Email: Andrew.Fraser@Carefirst.com
 - d. Fax: 410-505-2192

For further detail and support for the rate actions proposed above please reference the Actuarial Memorandum submitted on 11/18/2016.

Sincerely,

Dwayne Lucado, F.S.A., M.A.A.A.
Director, Actuarial Pricing